

## INSTRUCTIONS AND REQUIREMENTS - ELECTROLOGISTS

Access this form via website at: [www.state.hi.us/dcca/pvl](http://www.state.hi.us/dcca/pvl)

**THE LAW:** To practice electrology in this State, an electrologist license is necessary as provided by law, Chapter 448F, Hawaii Revised Statutes, and Chapter 16-113, Hawaii Administrative Rules.

### QUALIFICATION INFORMATION

**Important:** Hawaii does not reciprocate with any jurisdiction, therefore, a person shall apply, qualify, be tested, and pay the necessary fees to become licensed in Hawaii.

Applicants shall meet the necessary qualification requirements as identified below:

#### **Qualification for licensure:**

1. Be 18 years of age.
2. Have electrology training (schooling/apprenticeship) in compliance with Hawaii's curriculum.
  - a) Recognized schooling totaling 600 hours;
  - b) Qualified apprenticeship totaling 800 hours; and,
  - c) Combination schooling and apprenticeship totaling 700 hours.
3. Experience is recognized only after licensure and/or completion of training, and for the purpose of satisfying differences in the training requirements. **EXPERIENCE TOTALING ONE YEAR IS NECESSARY**, any experience totaling less than one year will not be recognized. Submit copies of all electrologist licenses.

#### **Disqualification for licensure:**

1. Criminal conviction associated with the electrologist's practice;
2. Declared mentally incompetent by a court; and,
3. Administrative disciplinary action against the electrologist's license.

**Licensing Procedures:** Approximately three weeks after submitting a complete application packet, a notice of action will be sent to the applicant's mailing address. Along with the approval notice, the applicant will receive information about taking the examination. Upon passing the examination, applicants will be required to pay the necessary licensing fees.

### APPLICATION AND SUPPORTING DOCUMENTS

**APPLICATION FORM:** Complete the application using a typewriter or print legibly in dark ink, sign and date application. Answer all questions. If an item is not applicable, indicate **N/A** (not applicable).

- **Failure to provide all the requested information will delay the processing of your application.**

Supporting documents should be attached to the application including any necessary fee amounts.

#### **TRAINING DOCUMENTS:**

Submit transcript or other documents of recognized (accredited or licensed) schooling that reflects the subjects and hours per subject of electrologist training.

OR

Submit apprenticeship training verified by a qualified electrologist that provides the course of training and that includes the subjects and hours per subject. The **"Apprentice Training Report"** form may be used to verify apprenticeship training.

Combination training will include schooling and apprenticeship documentation.

The **"Experience Verification"** form may be used for verification of the applicant's experience by a licensed or otherwise qualified electrologist. Experience totaling less than one year will not be recognized.

(CONTINUED ON BACK)

**Mailing Address:** Mail the complete application packet to:

Electrologist License  
DCCA, PVL, Lic. Branch  
P. O. Box 3469  
Honolulu, HI 96801

or

Deliver to office location at:  
1010 Richards St., 1st Floor  
Honolulu, HI 96813

Phone: (808) 586-3000

**Incomplete and/or irregular applications will not be accepted and may be returned with a deficiency notice.**

### **FEES**

**APPLICATION FEE:** The application fee is \$50 and is nonrefundable. The fee must be submitted with the completed application packet.

Make check payable to: **COMMERCE & CONSUMER AFFAIRS**

**EXAMINATION FEE:** A professional testing service will be administering the examination. Notice will be sent and the examination fee should be paid directly to the testing service.

**LICENSE FEE:** \$25 per year will be due upon passing the examination plus a "Compliance Resolution Fund" (CRF) fee of \$35 per year.

**BIENNIAL RENEWAL:** All licenses regardless of the issuance date, expires on **December 31, of each even-numbered** year. Licenses must be renewed on or before the license expiration date and becomes valid for two years. It is the responsibility of the licensee to inform the Department **in writing**, of any name or address change.

**Note:** *One of the numerous legal requirements that you must meet in order for your new license to issue is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.*

*If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.*

### **LAWS AND RULES**

The Electrologist law, Chapter 448F, HRS, and Rules, Chapter 16-113, HAR, provide for the regulation of electrologist in Hawaii to include:

1. Minimum standards and procedures in the practice of electrology, and,
2. The responsibility of the electrologist to maintain the license.

A copy of the electrologist law and rules may be purchased for \$1.00 from Cashier DCCA, P. O. Box 541, Honolulu, Hawaii, 96809 or 3rd Floor, 1010 Richards Street, Honolulu, Hawaii (Price subject to change without notice).

Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Law may be purchased separately for 75¢.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

# APPLICATION FOR EXAM & LICENSE – ELECTROLOGISTS

Read the attached "Instructions & Requirements" before completing this form.  
Type or print legibly in dark ink.

Legal Name (First–Middle) (Last)

Residence Address (Include apt. no., city, state & zip code)

Mailing Address (ONLY if different from residence address)

Social Security No. Phone No. (days)

Other Names Used (include maiden name):

Approved Ineligible Initials/Date

Eff. Date

Lic. No.  
EL -

FOR OFFICE USE ONLY

Circle answers and give details when required:

- 1) Are you at least 18 years of age? ..... YES NO
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? ..... YES NO
- 3) Have you ever applied for an electrologist license in Hawaii ..... YES NO  
*If "yes", when (month/year) did you apply? .....*
- 4) Have you ever been declared mentally incompetent by any court? ..... YES NO  
*If "yes", give details on a separate sheet.*
- 5) Was any license ever revoked, suspended or otherwise subject to disciplinary action? ..... YES NO  
*If "yes", specify jurisdiction where action took place, penalty imposed and reasons for such action on a separate sheet.*
- 6) Are you presently being investigated or is any disciplinary action pending against you..... YES NO  
*If answer "yes", specify jurisdiction where action is pending and reasons for such action on a separate sheet.*
- 7) In the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled or expunged? ..... YES NO  
*If answer "yes", explain on a separate sheet.*

## AFFIDAVIT OF APPLICANT:

I hereby certify that the answers and statements contained in this application and on the documents attached are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of license (*Sec. 448F, Hawaii Revised Statutes*), and/or grounds for criminal prosecution (*Sec. 710-1017, Hawaii Revised Statutes*). I further certify that I have read, understand, and shall obey all laws and rules pertaining to Electrologists.

Date

Signature of Applicant

App..... 702 ..... \$50  
Lic ..... 703 ..... \$25  
CRF..... C13 ..... \$35/70  
1/2 Renewal ..... 701 ..... \$25  
Service fee ..... BCF ..... \$15

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## ELECTROLOGY TRAINING AND EXPERIENCE

EDUCATION	Name of School	Location of School (city-state, country)	Dates Attended (mo/yr)		Highest Grade Completed or Hrs Completed	School Recognition	
			From	To		Accredited	License
	Electrology School				Hrs		
	Electrology School				Hrs		
	Other Schooling				Hrs		

  

APPRENTICE HISTORY	Name of Trainer	Address of Trainer	Dates Employed (mo/yr)		Apprenticeship Length of Service	Av Hrs Per Week	Hours Completed
			From	To			
					Yrs    Mos		
					Yrs    Mos		
					Yrs    Mos		

  

LICENSES	Jurisdiction Name of State/Country	Method of Licensure (Exam, Reciprocity)	License Number	Date Licensed	Expiration Date

  

EMPLOYMENT HISTORY	Name of Employer	Address of Employer	Dates Employed (mo/yr)		Length of Service	Av Hrs Per Week	Position Title
			From	To			
					Yrs    Mos		
					Yrs    Mos		
					Yrs    Mos		
					Yrs    Mos		

PLEASE SUBMIT THE NECESSARY DOCUMENTS THAT VERIFY THE TRAINING/EXPERIENCE AS LISTED ABOVE.

APPRENTICE TRAINING REPORT - ELECTROLOGIST

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PART I. TO BE COMPLETED BY APPLICANT		
Fill in your NAME and ADDRESS only. Your TRAINER must complete the other sections. After it is completed, ATTACH it to your application form.		
Name of Applicant (First-Middle)		(LAST)
Mailing Address of Applicant		DATE
PART II. TO BE COMPLETED BY TRAINER OF APPLICANT		
The above applicant is applying for a electrologist license in Hawaii. Your assistance as a qualified person in the trade is necessary to provide valid and accurate verification of training. Please sign before a Notary Public, and return this completed form to the <b>APPLICANT</b> who must attach it to the application form.		
Please indicate your qualification in the practice before verifying the applicant's Apprenticeship training.		
Name and Address of Trainer:		Apprentice Training Information:
Title:_____		Start date:_____
Years of Experience:_____		End date:_____
License No.:_____		Length of Training:_____
Years Licensed:_____		Average hours per week:_____
Training: Describe the course of training by subjects and hours for each subject.		
Subjects:		Hours:
		TOTAL
I swear that the information provided is true and correct. I understand that misrepresentation is grounds for refusal or possible disciplinary action against the licensee.		
Subscribed and sworn to before me this_____day of_____, 20_____		_____ Signature of Trainer
_____ Notary Public, State of _____ My commission expires:_____		

**APPRENTICE VERIFICATION – ELECTROLOGIST**

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<b>PART I. TO BE COMPLETED BY APPLICANT</b>			
Fill in your NAME and ADDRESS only. Your supervisor/employer must complete the other sections. After it is completed, ATTACH it to your application form.			
Name of Applicant (First-Middle)		(LAST)	
Mailing Address of Applicant			DATE
<b>PART II. TO BE COMPLETED BY SUPERVISOR/EMPLOYER OF APPLICANT</b>			
Your assistance as a qualified person in the practice is necessary to provide valid and accurate verification of experience. Acceptable verification is from a qualified person in the practice working with and/or responsible for the applicant. Please sign before a Notary Public and return this completed "Experience Verification" form to the <b>APPLICANT</b> who must attach it to the application form.			
Please indicate your qualification in the practice before verifying the applicant's experience:			
Name and Address of Supervisor/Employer			
<div>                         Title: _____                     </div> <div>                         Years of Experience: _____                     </div> <div>                         License No.: _____                     </div> <div>                         Years Licensed: _____                     </div>			
Applicant's Employment Information:			
Employment Date	Termination Date	Total Length of employment  <div>                         yrs.                      mos.                     </div>	Average Hours Per Week
EXPERIENCE: Describe work performed.			
I swear that the information provided is true and correct. I understand that misrepresentation is grounds for refusal or possible disciplinary action against the licensee.			
Subscribe and sworn to before me This _____ day of _____, 20____		_____ Signature of Supervisor/Employer	
_____ Notary Public, State of _____ My commission expires: _____			